



CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Karina Last Name: (PRINT CLEARLY) Falcon

Cellular Number: 786-573-5337 Office/Home Number: _____

EMAIL Address: KARINAFALCONBO@gmail.com

Comments: 7419 NW 99 St

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans _____

PLEASE INDICATE IF PLANS ARE

- ☐ GOV'T PROJECT/ DEPT _____ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)*
☐ AFFORDABLE/ WORKFORCE HOUSING* ☐ ECONOMIC SIGNIFICANCE*

(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

REQUESTED REVIEWS

- ☐ ALL ☒ BLDG ☐ DERM ☒ ELEC ☐ ENRG ☐ FIRE
☐ HCAP ☐ LANDSCAPING ☒ MECH ☒ PLUM ☐ PWKS ☐ PWCC
☐ ROOF ☐ SIGN ☒ STRU ☒ ZNPR ☐ WASD ☒ PWIF
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW
☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 4/29/16 Clerk Name: Berna Arrival Time: 12:01

Miami-Dade County Department of Regulatory and Economic Resources - Job Copy

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- ☐ Re-Issue ☐ Plan Revision
☒ Rework ☐ Shop Drawing